

**Acknowledgment of Service****(CPR Part 10)**

Defendant's full name if different from the name given on the claim form

**In the High Court of Justice  
Queen's Bench Division  
Commercial Court  
Financial List  
Royal Courts of Justice**

**Claim No.****Claimant(s)** (including ref.)**Defendant(s)****Defendant returning this form**

This must be either the business address of your solicitor or European Lawyer or your own residential or business address within the UK or in any other European Economic Area state.

Postcode <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	if applicable	
	Tel. no.	
	Fax no.	
	DX no.	
	e-mail	

**Tick the appropriate box**

1. (I admit)(The Defendant admits) this claim ☐

2. (I intend)(The Defendant intends) to defend all of this claim ☐

3. (I intend)(The Defendant intends) to defend part of this claim ☐

4. (I intend)(The Defendant intends) to contest jurisdiction ☐

5. My date of birth is   /   /

If you file an acknowledgment of service but do not file a defence within \*(28 days) (    days) of the date of service of the particulars of claim, and you have not indicated that you intend to contest jurisdiction, judgment may be entered against you.

If you do not file an application to contest the jurisdiction within 28 days of filing the acknowledgment of service, it will be assumed that you accept the court's jurisdiction.

*\*Claimant should alter as appropriate if the claim form is to be served out of the jurisdiction together with particulars of claim; see CPR rule 6.35 and 6.37(5).*

**Signed**


(Defendant)

(Defendant's legal representative)

**Date**

**Position or office held**

(if signing on behalf of firm, company or corporation)